MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Aspestos S	section, 51:	5 E. Amite Stree	t, Jackson, Mis 39	201		
Operator Project #	Postmark Do		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)	
I. Type of Notification (O=Original R=F	Revised C=Canceled A=	Annual) O					
II. TYPE OF OPERATION (D=Demo			Emer. Renovation)	R		RECE/	
III. FACILITY DESCRIPTION (Include						11 CE	
Bldg. Name: Historic Senatobi						406 24	
Address 303 College Street						ept. of Enu	
_{City:} Senatobia		State: Ms		zip: 38668			
Site Location: 303 College Street				Tel:			
Building Size 23000 sq ft		# of Floors: 1		Age in Years:85			
Present Use; Empty			Prior Use: School				
IV. FACILITY INFORMATION (Identify	y owner, removal contra	419					
OWNER NAME: Senatobia M	funicapal Sch	ool Dis	trict				
Address: 104 McKieStreet							
_{City:} Senatobia		State: MS		Zip: 38668			
Contact: Jay Foster				Tel: 662-562-4897			
REMOVAL CONTRACTOR Specia	ality Contractors						
Address: 8310 Wade Rd							
City: Warrior			a	Zip:35180			
Contact: John Totten					07-7351		
OTHER OPERATOR:						W. C.	
Address:							
City:	State:			Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No	o) y						
VI. PROCEDURE, INCLUDING ANAL' (Include inspector name and date of in	YTICAL METHOD, IF A	PPROPRIAT	TE, USED TO DETE	CT THE PRESENC	E OF ASBESTOS	MATERIAL	
Pickering, Augu		7	PLM				
VII. APPROXIMATE AMOUNT OF AS				riable			
INCLUDING:				estos al Not	Indicat	Indicate Unit of	
Regulated ACM to be Rem Category I ACM Not Remo Category II ACM Not Remo	ed Removed		To Be R	emoved	Measurement Below		
		moved	Category I	Category II	UNIT		
Pipes					LnFt:	Ln M:	
Surface Area			Roofing		SqFt: 5 480	Sq M:	
Vol RACM Off Facility Component			J	F 100 40	CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTO	S REMOVAL (MM/DD/)	Y) Starti	9-4-17	17.12.40	Complete: 7	-29-17	
IX. SCHEDULED DATES DEMO/REN		Complete:					

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WE HAVE THANSPORTER #1 Name: Waste TRANSPORTER #1 Name: Waste TRANSPORTER #2 Name: Address: City: Contact Person Tel: Contact Person Tel: Contact Person Tel: Contact Person: Tel: XIII. WASTE TRANSPORTER #2 Name: Address: City: State: Tel: XIII. WASTE DISPOSAL SITE Name: Tak: City: State: Tel: XIII. WASTE DISPOSAL SITE Name: Tel: City: Contact Person: XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date of Order (MMDDDYY): Description of the sudden unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONPRIABLE ASTESTOS MATERIAL BECOMES GRIMBLED, PULYENIZED, OR REDUCED TO POYOGER: XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Type or Print Name (Signature (Journal Operator) (Date) (Date)	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:						
Name: Work Monagement Address: 1035 Monagement Contact Person Tel: 662-363-2282 WASTE TRANSPORTER #2 Name: Address: City: State: Tel: 662-363-2282 WASTE TRANSPORTER #2 Name: Tel: 75: 75: 75: 75: 75: 75: 75: 75: 75: 75	XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE						
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City: Rabinsonie State: MS. zip: 38664 Contact Person Tet: 662-363-2282 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: Tet: WASTE DISPOSAL SITE Name: Tunica Landfill Address: Cols: State: Zip: Name: Tunica Landfill Address: Cols: State: MS. Zip: 38664 Tet: WASTE DISPOSAL SITE Name: Tunica Landfill Address: Cols: State: MS. Zip: 38664 Tet: Waste Disposal Site Name: Tunica Landfill Address: Disposal Site Name: Tunica Landfill Disposal Site: MS. Zip: 38664 Tet: Waste Disposal Site Name: Title: XVI. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (MMDDYY): Date Ordered to Begin (MMDDYY): XV. FOR EMERGENCY RENOVATIONS: Date and Hour of Emergency (MMDDYY): Description of the sudden unexpected event Explanation of how the event caused unexpected event Explanation of now the event caused unexpected event Explanation of proceedings of the sudden unexpected event Explanation of proceedings of the sudden unexpected event Explanation of now the event caused unexpected event Explanat	Name: Waste Monsagement						
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Address: City: State: Zip: Contact Person: Tel: XIII. WASTE DISPOSAL SITE Name: TUNICO LONDIFII Address: 6035 Boundee Rd. City: Rabinsonific State: M5 Zip: 38664 Tel: 62-863-2222 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of order (IMM/DD/YY): XV. FOR EMERGENCY RENOVATIONS: Date and Hour of Emergency (IMM/DD/YY): Description of the sudden unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULLVERIZED, OR REDUCED TO POWDER: XVII. 1 CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REQUARTION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED WORRED WORRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PRESON WILL BE AVAILABLE FOR INSPECTION DURING WORRED W	WASTE TRANSPORTER #2		the special section of the section o				
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XV. FOR EMERGENCY RENOVATIONS: Date and Hour of Emergency (MM/DD/YY): Description of the sudden unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING MORMAL BUSINESS HOURS. Type or Print Name (Signature glowner/Operator) (Date) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:	Authority:						
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Description of the sudden unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: SEAL OF THE OWNER OF THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Type or Print Name (Signature of Owner/Operator) (Dete) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:	XV. FOR EMERGENCY RENOVATIONS:						
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NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: SEAL OF THE REAL NEGROUND WATER XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: SEAL OF THE RED. NEG OIR, HEPO VOLUMEN, WET METHOD, AMENDED WATER XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Type or Print Name (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:							
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John Totten photost 8-22-17	ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Type or Print Name (Signature of Owner/Operator) (Date)						
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